

**Radiation Control Branch  
Kentucky Cabinet for Human Resources**

**Application For:**    New License \_\_\_\_\_ Amendment to \_\_\_\_\_ Renewal of \_\_\_\_\_  
  License Number                      License Number

1. Applicant's Name and Mailing Address (Institution, Firm, Person, etc.)	2. Street address(es) where radioactive material will be used
3. Telephone Number  (    )	4. Person to be contacted and listed as contact person

5. Individual(s) and Title(s) who will use or directly supervise use of radioactive material	
6. Radiation Protection Officer	Training and experience required of each user in Item 13 and duties and responsibilities of Radiation Protection Officer in Item 12

7. Licensed Material			
Element and Mass Number A	Chemical and/or Physical Form B	Name of Manufacturer and Model Number (if sealed source) C	Maximum number of millicuries which will be possessed at any one time D

Describe use of radioactive material (should be keyed to material in Subitem A)

**8. Radiation Detection Instruments**

Manufacture	Model	Number Available	Radiation Detected (alpha, beta, gamma, neutron)	Sensitivity Range
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**9. a) Calibrated by Service Company**  
(Name, Address, and Frequency)

**b) Calibrated by Applicant**

Attach procedures describing method,  
and describe standards used

**10. Personal Monitoring Devices**

**Type**

**Supplier**

**Exchange Frequency**

\_\_\_\_ (1) Film Badge  
\_\_\_\_ (2) TLD  
\_\_\_\_ (3) Other (specify)

\_\_\_\_ Monthly  
\_\_\_\_ Quarterly  
\_\_\_\_ Other (specify)

**11. Facilities and Equipment.** Describe the facilities, remote handling equipment, shielding, fume hoods, etc.  
Attach a sketch of the facility

**12. Radiation and Protection Program.** Describe the radiation protection program as appropriate for the material to be used including the duties and responsibilities of the Radiation Protection Officer, control measures, bioassay procedures, day-to-day general safety instruction to be followed, etc. If sealed sources are to be possessed, describe leak test procedures or if kit is used specify the manufacturer, model number of kit and person performing test.

**13. Training and Experience of Users.** Submit the formal training of each individual named in Items 5 and 6 indicating the name of persons or institutions providing the training, duration of training and when training received in the areas of:

- A) Principles and practices of radiation protection.
- B) Radioactivity measurement standardization and monitoring techniques and instruments.
- C) Mathematics and calculations basic to the use and measurement of radioactivity.
- D) Biological effects of radiation.

**14. Waste Disposal.** Describe the methods which will be used for disposing of radioactive waste.

**15. Certification.** The applicant understands that all statements and representations made in the application are binding upon the applicant.

The applicant and any official executing this certification on behalf of the applicant, named in Item 1, certify that this application is prepared in conformity with Kentucky Cabinet for Human Resources Administrative Regulations, 902 KAR 100, and that all information contained herein, is true and correct to the best of their knowledge and belief.

Signature - Certifying Official

Type/Printed Name

Title

Date